

## A Basic Hands-Free Model for Applying Cricoid Pressure During the Rapid Sequence Induction and Intubation

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Dear Editor,

During rapid sequence induction, cricoid pressure is frequently used to lower the risk of pulmonary aspiration.<sup>[1,2]</sup>

An assistant performs this maneuver manually in everyday clinical practice.<sup>[1,2]</sup> However, accurate identification of the cricoid cartilage, proper force direction, and the assistant's capacity to maintain steady pressure throughout laryngoscopy and intubation are frequently necessary for manual cricoid pressure to be effective.<sup>[1]</sup> In order to enable hands-free administration of cricoid pressure, we suggest a straightforward cricoid pressure assist strap device. A thin, hard pad is positioned over the cricoid cartilage, and a soft, adjustable strap is wrapped around the neck to form the model. The strap can be gradually tightened to put posterior pressure on the cricoid cartilage once anaesthesia has been induced. A quick-release mechanism on the strap enables prompt removal in the event that intubation or ventilation becomes challenging. This concept may aid in decreasing reliance on assistant skills, and delivering more consistent cricoid pressure, particularly in teaching hospitals and emergency. Rapid sequence induction frequently involves the teaching of the Cricoid pressure (Sellick's maneuver) approach. Despite being widely used, manual cricoid pressure administration is frequently uneven because of differences in helper experience, challenges in maintaining steady pressure, and improper anatomical placement.<sup>[1]</sup> These elements may decrease the maneuver's efficacy and occasionally cause laryngoscopy difficulties.<sup>[2]</sup> We present a straightforward invention in the form of a cricoid pressure assist strap that is intended to deliver continuous posterior cricoid pressure without requiring constant manual labour. The apparatus is made up of a soft neck strap and a pressure pad positioned in the middle, covering the cricoid cartilage. This straightforward technique may help standardize the administration of cricoid pressure and lessen the need for assistants, but it does not seek to replace clinical judgment. Additional clinical testing is necessary to determine its safety and use in standard practice. This is an idea that is being worked on as of now.

### References

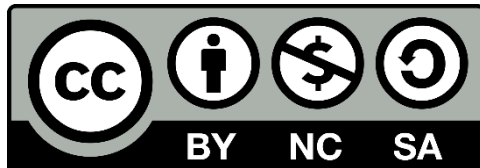
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